



# reinhealth

## Krystexxa (Pegloticase) Infusion Orders

Please fax completed order form to **972-499-9210**

Please include demographics, most recent H&P, and most recent clinical notes, supporting diagnosis.

Patient's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Diagnosis \_\_\_\_\_ ICD 10 code (required) \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ Allergies \_\_\_\_\_

Patient Preferred Injection Location:

- Lewisville**  
2790 Lake Vista Dr.  
Lewisville, TX 75067
- Dallas**  
11970 N. Central Expy. #630  
Dallas, TX 75243
- Plano**  
5425 Spring Creek Pkwy. #135  
Plano, TX 75024
- Rowlett**  
6800 Heritage Pkwy. #105  
Rowlett, TX 75087
- Denton**  
2800 Shoreline Dr. #270  
Denton, TX 76210

### \*\*\* Required Information

- This signed order form from the provider
- Patient demographics & insurance information
- Clinical/Progress Notes, Labs, Tests supporting primary diagnosis
- Basline Uric Acid > 6.0mg/dL
- Glucose-6-phosphate dehydrogenase (G6PD) Results:  Must be within normal range
- It is recommended that patients discontinue oral urate-lowering medications 2-3days (up to one week) before starting Krystexxa

### Krystexxa Orders

- Krystexxa (pegloticase) 8mg IV in 250mL of NS IV over 120 minutes Frequency: Every 2 weeks
- \* Patient will be observed 1 hour post infusion

#### Pre-Medication Orders:

- Acetaminophen 650mg PO
- Solu-Medrol 125mg SIVP
- Diphenhydramine 25mg PO or IV
- Zyrtec 10mg PO

**\* Patient must have Uric Acid level drawn 24-72 hours prior to infusion**

**\* Patient must have Glucose-6-phosphate dehydrogenase (G6PD) deficiency screening prior to initiating therapy**

#### Patient advised to:

- Take antihistamine the day before each infusion
- Have back up Medrol Dose Pack on hand
- Have back up Colchicine or NSAIDs on hand

Prescriber's Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ NPI# \_\_\_\_\_